

S. No. 2
 1-9-4-41
 5-17-39
 PI X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 1003

8613
 State File No. 2830
 Registrar's No.

Registration District No. Primary Registration District No. Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4346 West Pine Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 58 Yrs.
years, months or days

3. (a) PRINT FULL NAME Helen C. Granger
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced W.
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 4th., 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	8	24	hr. _____ min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name Joseph Sohn
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Christine Prollman
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry T. Cleary
 (b) Address 4346 West Pine Blvd.

17. (a) Burial (b) Date thereof 3-31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olary
 18. (a) Signature of funeral director Arthur J. Novak
 (b) Address 3840 Lindell Blvd.

19. (a) MAR 30 1942 (b) J. F. Bredbeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4346 West Pine Blvd.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 28th.
 year 1942 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____
March 19, 1942 to March 28, 1942
 that I last saw him alive on March 28, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arricular Fibrillation
 Due to _____
2 yr.

Due to _____
Hypertension
Arteriosclerosis
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
9/5
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
 While at work? _____ Means of injury _____
 23. Signature Dr. J. F. Bredbeck (M. D. or other) _____
 Address 418 W. Harrison Date signed 3/30/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed *W. H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4940 Lafayette*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.